



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

STANDARD OPERATING PROTOCOL	
Subject: Protocol for Acquiring and Maintaining Benefits	SOP Number:
Responsible Program or Office: DDA-Service coordinator DDA Health Insurance Analyst DDA- HCBS Waiver Providers	Effective Date: Month Day, 2014
	Number of Pages: _
Cross References and Related Policies and Procedures, and Related Documents: The authority for this SOP is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 et seq.); and D.C. Law 2-137, the "Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 et seq.).	

I. Purpose

The purpose of this standard operating procedure (SOP) is to establish the guidelines by which the Department on Disability Services ("DDS"), Developmental Disabilities Administration ("DDA"), will set forth the procedures regarding application and maintenance of benefits for which the persons receiving services from the District of Columbia's Department on Disability Services Developmental Disabilities Administration may be eligible. This SOP establishes that the Department on Disability Services Developmental Disabilities Administration has the responsibility for oversight of those individuals who reside in residential settings funded by the Federal or District Governments and for providing technical assistance to those who live in other government funded residences.

II. Scope

This SOP applies to all DDA Day and Residential service providers who provide services and supports to persons with Intellectual and or Developmental Disabilities (I/DD) through the HCBS Waiver funding, contract or Human Care provider agreement, DDA Intake and Eligibility Unit and Continuing Services Service Coordinators, DDA Health Insurance Analyst in the Medicaid Waiver Unit, individuals eligible for and/or receiving services from DDA, family members and volunteers or other persons who provide services and supports on behalf of the persons with I/DD.

General

The required information for this process are the core assessments to determine eligibility for benefits and the required documents for enrollment set forth by the governing agencies of the Social Security Administration (SSA) and Economic Security Administration (ESA).



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

- Current Medical Evaluation
- Current Psychological Evaluation
- Current Social Work Assessment
- Medicaid recertification form (1209A)
- Application for Supplemental Security Income
- Statement for Determining Continuing Eligibility for SSI Payment

Procedure Steps

It is the SOP of the DDS to ensure all individuals receiving services from the DDA service system have access to and receive quality supports, services, and health care. By requiring DDA staff and service providers to assist its individuals to apply for all entitlement benefits, DDA will ensure that all individuals receiving supports and services from its agency will be provided with information about the federal and local programs available and an explanation of the application process, including how the benefits relate to the receiving of certain DDS/DDA services. DDA will maintain knowledgeable staff, through the regular to facilitate the acquisition and maintenance of benefits for which its individuals may be eligible while complying with all Federal and District statutes and regulations applicable to these Entitlement Programs.

The following are standards by which DDS will assist individuals served by the Department to acquire and maintain all local and federal entitlement benefits:

1. Acquisition and Maintenance of Benefits

(A) Acquisition of Benefits

1. As part of the process for applying for services from DDA, the applicant/ or his/her Authorized Representative (AR) will receive information about entitlement benefits that are available as well as the contact information regarding these Entitlement Programs that may help them understand the requirements of these programs and the benefits provided under each program.
2. If the applicant or his /her AR decides to apply for any benefits, DDA Health Insurance Analyst will assist him/her with the application process, if needed. The Health Insurance Analyst will work, in conjunction with the applicant or his AR and DDA Service Coordinator to ensure the timely and accurate assembling of the required documentation and information and to ensure the timely filing of the appropriate information with the appropriate local and/or federal agencies.
 - i. If the applicant or his/her AR is able to obtain benefits without assistance from DDA Health Insurance Analyst, the service coordinator will monitor the application process and provide support where necessary.
3. At the conclusion of the application process for benefits, if the applicant is denied eligibility by the applicable agency, the applicant his/her AR will be notified of the denial and of their right to appeal by the applicable agency. DDA Health Insurance Analyst will



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

assist the applicant with the appeals process and monitor the case until it is resolved. If the case is resolved in favor of the applicant, the Health Insurance Analyst will review the information to ensure all appropriate measures are in place for maximizing all applicable benefits (i.e. apply for Medicaid once an individual is found eligible for SSI or SSDI).

(B) Maintenance of Benefits

1. Once an applicant has received the notice of eligibility for benefits, a Continuing Services Service Coordination along with the service provider will monitor the individual's financial situation to make ensure that the individual continues to meet the eligibility criteria of the Entitlement Program. This monitoring effort will involve collaboration between Service Coordination, the Health Insurance Analyst, and the service providers.
 - i. A review of the person's benefits is required during the annual ISP. The ISP team will monitor the services and supports received and where necessary, devise strategies for the person to maintain eligibility for these benefits. Some of these strategies include burial set-asides, pre-burial contracts and resource reductions. Other actions concerning eligibility will be taken as recommended by the ISP team, which could include a recommendation to apply for additional benefits or change existing benefits.
 - ii. The Health Insurance Analyst conducts financial reviews of the last quarter of financial statements of persons that receive Residential Habilitation, Supported Living and Host Home services through the waiver. The finance reviews 100% Evans and 10% Non-Evans persons participating these services. The financial reviews are conducted to ensure providers are in compliance with the DDS Personal Funds policy and individuals maintain benefits. The reviews include the examination of person's financial assets to determine if person exceeded the financial limits for entitlement benefits and to verify that evidence of expenditures are present.
 - iii. To facilitate the maintenance of eligibility, service providers will submit to DDA (The Medicaid Waiver Unit/Health Insurance Analyst), monthly copies of all pertinent records that contain the information required to satisfy eligibility criteria of the Entitlement Programs. Following is a non-exhaustive list of the records and information required to be provided: financial records, work records, nonpublic personal information, and other identifying information.

2. Maintaining Individual Eligibility: Re-certifications

- i. Medicaid: For those individuals who are DC Medicaid eligible and are required to be re-certified annually, the DDA Health Insurance Analyst will monitor their benefit eligibility in the following manner:
 - a. For individuals for whom DDA is the Representative Payee, (except for residents of ICF/MRs; see i.c) the Economic Security Administration (ESA) receives a list of names that represents the individuals whose eligibility is due to expire at the end of the designated month in Automated Consumer Eligibility Determination System (ACEDS). DDA Health Insurance Analyst completes the Medicaid recertification form (1209A) and submits to ESA.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

- b. ESA notifies DDA that the Medicaid recertification's (1209A's) have been received. Once the recertification has been authorized DDA will be notified of how long the eligibility will last in most cases up to one year and that information is entered into MCIS. ESA will also notify DDA when the individual's Medicaid certification date is ninety (90) days pending.
 - c. In the case of individuals residing in ICF/MRs, ESA sends the notice of Medicaid recertification to the residential providers. The ICF/MR providers send a report to the OCFO office, listing those individuals whose Medicaid recertification date is three months away, by the 15th day of each month. OCFO will monitor the status of these individuals' Medicaid recertification's through ACEDS. Once the Medicaid recertification has been completed, the ICF/MR provider will receive a continuation statement from ESA.
- ii. Supplemental Security Income (SSI): For those individuals receiving SSI, notices requiring the recipient to make Continuing Disability Review reports or Work Activity Reports, are generated randomly by the Social Security Administration (SSA). These reports require the core assessments along with supporting evidence such as recent paystubs which the Continuing Services Service Coordinators collect and submits to the Health Insurance Analyst who forwards them to the SSA.
- a. The Health Insurance Analyst will monitor the individuals' attributable earnings and resources to prevent the exceeding of limits. If an over-resource situation occurs, the Health Insurance Analyst will assist the SC and service provider to determine what strategies should be employed to bring the individual into compliance with the applicable guidelines.

3. Confidentiality

All confidential information received or obtained pursuant to this SOP shall be: (i) received on a confidential basis and not disclosed to others; (ii) used only for the purpose of carrying out this Agreement and for no other purpose; (iii) reproduced only as needed in carrying out this SOP; and (iv) disseminated within DDA only to those employees whose duties justify their need-to-know, and then only on the basis of a clear understanding by each such employee of his or her obligation to maintain the confidentiality of such information and use such information only in implementing this SOP. For purposes of this SOP, confidential information includes, but is not limited to, any personal, medical, financial or other information required by the parties from or about an applicant applying for and receiving benefits under an Entitlement Program.